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## Communications.

## THE UNAIDED AND AIDED POWERS OF THE ECONOMY IN CONTROLLING AND LIMITING DISEASED ACTION.

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This important topic deserves the attention of medical men in a most extensive sense. We are seeing every day the efforts of this *vis medicatrix naturae* successfully curing disease, and we observe often how we but too frequently thwart its achievements.

When the vital forces are made to succumb to morbid influences, there must necessarily be established a depravity of constitutional vigor. It not unusually occurs that the whole mass of the vital fluids are more or less deteriorated under the influence of morbid agents, and the capacity of organs more or less seriously lowered.

When we contemplate disease as a negative, the fact then is evident, that its cure must be founded on the capacity of the vital forces to restore their integrity and maintain their influence. I ask myself often, while at the bedside, how can the depressed vital forces be made to rally? How can this disease be overcome? In this inquiry I find but one answer. How much can I do, and not interfere with the natural process of cure that is inherent in the constitution of the patient?

I am satisfied that all curable disease lie within certain limits. That the vital forces and diseased action must be regarded as possessing relative powers. If *one* represents the force of a disease, then the vital forces must stand at one plus one half or one or more in all curable diseases. When a physician is called to a case, his first inquiry should be, "is it self-limiting? 2d. What are its limits. 3d. How long will it take to reach its limits?" Then we inquire, can we force it to reach its limits at an

earlier period than it would if left to itself? 2d. To what extent are the vital forces impaired? 3d. How far can we attack the disease and not meddle with the natural process of cure on which we depend to effect a cure? As diseases also have different modes of terminating either favorably or fatally, is it not wise to study these also?

But it is important, likewise, to know how a disease makes its inroads upon the system. In what manner it first attacks the economy; what class of tissues is most likely to affect; and what changes are most probable to occur in them. I am frank to admit that often we take to ourselves more credit in the cure of disease than is justly ours, and thereby deceive ourselves, and mar the usefulness of our art. I also am much inclined to believe that our reliance on drugs is by far too great, while we in these cases are apt to do with them too much damage.

How far a disease is curable if left alone, is a very momentous question to us. How far we can control diseased action is of vital consequence to us to know. It is of equal consequence to us to know *how* we cure disease; and *how* they cure themselves. For my part, I cannot believe that we can cure disease unless we are able to *impart to the economy something it lacks*. Deficient vital power is the true name of disease. Lowered molecular life is what we have to do with. This state or condition is either local or general, and when the morbid elements are at work, their office is to make the system *eat itself*, or starve itself, or shock the whole vital fabric. The first presence of diseased action is to impair nutrition; to induce morbid neoplasms; to evert physiological changes; to break down the histological elements; to poison the nutritive fluids. During these processes, local or general inanition must result; shock must come on.

I feel confident that our art must teach us how to look on and watch; must educate us how to keep violent hands off of our patients. The science and art of medicine reveals to us the fact that the human constitution will tolerate a marvellous amount of ill-usage from the learned doctor, and come out all right in spite of his careful skilful drugging.

There are facts in medical science that teach me, that the most successful practitioners are those who regard all diseased action pretty much as being the results of impaired nutrition and of shock. Most assuredly the first impressions of the morbid elements are upon the nutritive forces, or to shock the vital elements of the life forces. Thus a healthy man goes into an ague district; soon he feels languid and loses his appetite. There is an impression made upon the ganglionic system, and through it upon the nutrition of the body. If he leave at once, the effect may wear off by virtue of the power of the economy to overcome the limited dose of poison, and decompose it. But if he tarry long, the accumulation of the poison breaks him down through the process of impaired nutrition, and shocked nervous system. The dose of poison may be strong enough to cause coma, or may only cause rigors and fever. Mark here a law of the economy; if the man is long subjected to the poison—TOLERANCE after a time is established, and the rigors and fever cease, the disease limits itself! This is what is called "getting used to hard feed," and it is a magnificent arrangement too. Tolerance is in fact that peculiar adaptation of the tissues through the vital force to new external relations after a certain acquaintance. Now the unaided forces of the economy require some time, some tuition to effect these changes, but they will be brought around if the forces of the disease lay within certain limits, in relation to the vital economy.

The cure of this condition lies in changing the molecular sensitiveness of the nerve tissue, and perhaps certain other states of the nutritive fluids are also effected. But to aid the power of the economy, we give drugs to neutralize the poison; but at the same time, mind you, if the subject still stays among the poison, I am inclined to believe that a final cure is effected only through the capacity and efforts of the powers of the economy to control and limit the diseased action.

There is no question that nearly all diseases are self-limiting. There is no doubt in my mind, that the efforts of the vital forces of the economy are through the nutritive system. Look at our continued fevers; will any man of experience and judgment say that there is not a strong tendency in these forms of disease to cure themselves, and that especially where the patient is prudently, wisely and carefully fed and sustained during its progress? Many serious symptoms, such as furious delirium, diarrhoea, haemorrhage, apparent exhaustion, *pneumonia*, etc., are real crises

of the disease, which run themselves clear under proper management.

When we stop to think of the process of causation of this class of disease, we find that we can aid the powers of the economy very much indeed, in bringing the disease to a successful and early issue, by the use of the *sulphites* of magnesia or soda, by proper food, by stimulants and opium. But in using aids to the natural vital force, our duty is strictly to imitate their conduct and method. We feel much concern on this point.

Many times, then, fevers are ushered in by chills and rigors. In these cases, *quinine* is needed in *large* doses during the whole progress of the disease. Other cases are slow in their approach, and gradually undermine the vital economy; these cases are the result of *idiopathic* poison, and need the sulphites and stimulants; opium and gelseminum to deaden the sensitiveness of the nervous system, and ensure sleep. But we must recollect that the body must be fed up in grand and magnificent style to ensure success. The fortification of the economy must be well cared for, so as to keep up the resisting force of the citadel.

Fevers of all types have certain individual limits. While we study them, we discover there are certain features peculiar to each, which manifest themselves during the process of natural cure. Here is the power of the physician manifest; so also of nature. The occurrence of inflammations during their course must frequently be looked upon as the result of the natural efforts of the economy in overcoming the diseased action, as we often see reason to attribute it to heighten nervous sensibility. During these occurrences we do aid most remarkably in overcoming these conditions, by the application of hot moisture, abundant alimentation, stimulants and opium. The rapid introduction of food into the system, by the rectum as well as the mouth, dry cups, rubefacients, friction, the hypodermic syringe, and fresh air.

The limit of a disease is found on the capacity of the vital forces to overcome it. When we speak of the vital economy overcoming morbid action, we refer to the life-capacity of the organ or organs affected. Drugs can accomplish nothing farther than to supply the system with some material it lacks, or by acting chemically on the fluids of the body, by their sedative or stimulating influence on certain tissues; all other actions are placebos or irritants.

In inquiring into what are the limits of a disease, it often appears that we find ourselves

deceived by wrong reasoning. Thus in inflammations of the pleura, we often find hydrothorax as a result. This we regard as a result from too inactive treatment, and expect to prevent it by active efforts on our part, with certain remedial agents known as antiphlogistics. We will take this as a type of many diseases. Now I hold it as self-evident, that the hydrothorax is a result of complete exhaustion of the life forces of the organ, which doubtless is removed only by restoring the vigor of the part. But I believe I can say with much confidence, that no such result to pleurisy frequently occur, where the life forces are not severely depressed by morbid agents. This depression is followed by exhaustion of the nutritive forces of the part as well as of the general system. To prevent hydrothorax as a result of pleurisy, we trust to nutrients to such aids as will sustain the nerve forces, or relieve their hyperesthesia, increase the molecular life of the part affected, and sustain the general recuperative power of the system.

Our experience teaches us that to do these requires such management of the patient on our part as shall not lower his digestion, nor incumber the stomach, nor shock the sensitive nervous forces, nor interfere with the natural process of cure inherent in the part. Life of tissue implies food to tissue. All means that can and will add to the support and maintenance of the economy during the prevalence of the morbid process, are proper aids. But after a hydrothorax has occurred, who expects to cure it by drugs, other than such that act as food or some such way? Many times we vaunt our success in drugs, while in truth nature has stolen a march on us. When we apply our calomel, our blue pill, our cupping glasses, in short, our alteratives, we at the same time order rich nourishments and appropriate stimulants, and rubefacients, etc.; and after the patient is well we give the credit to our mercurials and alteratives. Hence come mountains of deception and delusions in our art. Whether we have the ability to force a disease to reach its limits or to terminate sooner than it would if left alone, is an inquiry of some moment. Here rests the vaunted power of our art. The grand homœopathic humbug has had some influence for good upon us, by showing us what can be done without medicine in the treatment of disease.

On the other hand, we must turn our attention to what can be done by medicine to accomplish that purpose. Here let me observe that we often mistake a prevention for a cure. Thus a man on feeling languid, and some headache, loss of appe-

titite, etc., resorts to an emetic, and after its operation comes out well. Doubtless the emetic acted as a preventative. But another man in like condition failing to take an emetic, comes down eventually with a typhus fever. Now we ask, can we force this fever to run its course at a shorter period than it would if left to itself? I believe we can. Considering the vital forces competent to the task of maintaining themselves through the attack, either aided or unaided, we can accomplish two things,—we can supply the material on which the economy is to live, and compensate the waste. We can neutralize the poison in part. We can assuage the hyperesthetic nervous tissue.

Who of us cures a fever? I believe it not possible. We feel lost when we attempt to cure by drugs. We attempt legerdemain feats upon ourselves, when we attempt to force ourselves to believe that we can do with drugs what in fact the economy alone can do.

It is a question we often hear asked, "how extensive are the vital forces impaired?" I knew a physician—a friend of mine—a man of great skill, who often asked me this question, and applied his treatment according to the answer. He who goes into the sick chamber with his head filled with *materia medica*, will often come out with his head crammed full of pathology. The impairment of the vital forces are in consequence of diseased action, it is true; our aid here must be *more life*; the cure must be sought in that. The economy struggling to overcome diseased action, often becomes exhausted in its efforts. Here is where we stumble. Here, just at this critical point, do we do the damage. Damned be the medicines and drugs, I often say, and throw them at this particular juncture "to the dogs." The economy is crying out for *more life, more vigor, more power*; and when we take the hint, how happy we feel, because our efforts have been so well rewarded.

It often occurs that it is only to these critical junctures the patient owes his life; because the doctor suddenly drops his drugs and resorts to restoratives, and after these finds his patient far better, and really in no farther need of his pills, and powders, and noxious potions. Brethren, are not these "your sentiments?" I have treated scores of cases of continued fever, and used little or no medicine, saving the sulphites, in much smaller dose than is usually recommended; tea; plenty of food; mush poultices when pain and tenderness was present; opium when the nervous system was hyperesthetic, and when sleep was not easily procured otherwise.

We cannot force an inflammation or a fever to subside after being well established. I feel often pained while reading such eminently learned work's as Profs. GEO. B. WOOD's Practice, AITKINS, COPELAND, etc., to see how loose those great men talk when treating on treatment of diseases they have so learnedly described. Especially relating to blood-letting do I find them in great error.

When a man tells me that bleeding will shorten a disease, I feel like pausing a little to reflect. Great minds are liable to be deceived, and I must wait to see if they are not deluded. Blood-letting is recommended at the very outset of the disease, at its very inception. I cannot accept the doctrine. Here is when we are able to cure disease by preventing its incubation. Here is when we can overcome shock best; here is when our mush poultice, stimulants, revulsion, work their great wonders. Here, too, our emetics, our warm baths, our full doses of opium, rest, perfect rest and quiet, do their miracles. Then why vaunt the lancet above either one or all of them?

Not long ago I was called to see a strong and vigorous man, who was suffering dreadful agony from dyspnoea, pain in the left side, high fever, frequent, full and bounding pulse. He was seized with a severe chill a little while before. He in fact had pneumonia, sthenic pneumonia. I ordered his thorax wrapped well in a big poultice, as hot as he could bear, and gave him five grains of quinine, and a half grain of morph. His disease was quickly arrested, and he was fed with beef essence, both per mouth and rectum.

The impairment of the vital forces is of no small moment to us while treating disease, and our efforts then must be to sustain them, and this can be done no other way than by food in its most extensive signification. A grain or two of quinine may be food, but mercury never. Digitalis may act, and tea or alcohol, but antimony never. Therefore I believe that often our patients are exhausted through shock, in consequence of the action of drugs on the system, while the economy is in the "hottest and thickest of the fight."

Again, shock comes on from starvation, from excessive nervous hyperesthesia, or from want of sleep. Many patients die from the want of a well-timed and prudent dose of opium. To attack a disease vigorously is often the surest way to lower the vital economy, and produce serious results. The method nature adopts to cure disease, is too often interfered with through the operation of drugs, and the condition is made more desperate.

The aided powers of the economy in curing

and limiting diseased action, are often remarkably illustrated in children. Not long since I was called in to see a little girl aged three years, who was sick with the forming symptoms of cholera infantum. Her whole nervous system was highly sensitive and irritable. I ordered her half a dozen doses of morphia and quinine, and she soon recovered.

A boy 14 years old, was attacked with severe headache, photophobia, frequent pulse, and back-ache. I ordered him a hot mustard bath, beef tea'enema, and opii. per orem. He soon recovered.

An old lady, 70 years old, suddenly attacked with pneumonia, was treated with quinine, glycerine and opium, and plenty of whisky punch and food. Her recovery was perfect.

All severe cases are treated by me on the expectant plan strictly, till I see where I am, and what my patient needs. I ever bear in mind that the vital forces have all they can endure to struggle against the ruling forces of morbid action. Is it not wise to appreciate the fact, at the very outset, that the several classes of diseases present a decided tendency to terminate in certain manners fatally? That is, that certain modes of dying prevail with certain diseases. Particular vital centres become early exhausted and die first, such as the cerebro-spinal system and the circulating system. Thus, in croup, we find that the zymotic poison attacks and kills the respiratory nervous system; so in bronchitis, influenza, diphtheria, and pneumonia. Here strychnine, quinine, and sulphite of magnesia are grand remedies. The two former for the action on the nerve-tissue, and the latter on the blood-poison. In croup, diphtheria, and other kindred diseases, the lime-water vapor acts, no doubt, through chemical action on the poison. In continued fever, the heart and other circulating organs are mostly attacked, as in them death first commences. The nutritive fluids are here first affected, and the tissues die from ill-nourishment; the brain sympathizes, because its vessels are not supplied with proper food. Death by inanition is a prominent form of dissolution, and demands our best and most watchful care. Why disease is death. The nutritive system is shocked, food is ill or not at all elaborated. Often, what is taken, only serves to create other centres of infection and poison, through putrefaction. Digestion in the sick chamber must be more carefully studied.

It not unfrequently occurs, that medicines disturb, impair, or arrest the weak process of digestion going on in the economy. A real dyspepsia is

set up indeed. Either the patient is over-fed or under-fed, and the food is not appropriate, or the stimulants are too strong or too weak, or not administered at proper times. Now here, just here, I must observe that therapeutics aids us much. In a fever, why not treat the case as we would a severe attack of dyspepsia? While we attack the poison by sulphites, why not administer decoction of cinchona with tr. nux vomica? These are more than tonics; they are really food. They are carried to the tissues, and serve to supply material to them, on which to work. They stimulate molecular tissue, and call up vigor and force. In rheumatism, we combat the poison by the sulphites and chlorates, as in fevers, and we administer ant. pot., decoct. cinchona, with tr. black cohosh. In all diseases we find the nervous system more or less hyperæmic, or hyperæsthetic. When our opportunity offers, we lay in the opium in *full* doses at long intervals. To aid the powers of the economy in its efforts to overcome disease action, we must know what the economy needs, and what it is struggling against. A young lady, at. 22, was severely attacked with rheumatism. Our usual treatment was unsuccessful. We gave her hypophosphite of lime, and she mended immediately. She was passing the phosphates largely.

DISLOCATION OF THE FEMUR, WITH PARTIAL FRACTURE OF THE NECK.

REPORTED BY JOSHUA CHITWOOD, M. D.,  
Of Connersville, Fayette County, Indiana.

I was called Sept. 19th, 1867, to Mr. S., farmer, at. 45, who had been thrown from a wagon. I hurried to his residence, six miles in the country, and found him lying on a lounge, complaining bitterly of pain. By questioning himself and his family, I gleaned the following

History.

Whilst Mr. S. was hauling wood, the horses became unmanageable and upset the wagon. Mr. S. was thrown to the ground on his face, the wagon falling on his back. Hereupon, a small boy who happened to be present, informed some neighboring women. They in attempting to raise the wagon, unfortunately let the levers slip, and again the sufferer received with force, the whole load upon his hip. When Mr. S. was liberated, he was lying with his face to the ground, with the right thigh pressed upon his breast.

I examined the patient carefully. The limb was shortened one inch, and was inverted, with the toes resting upon the instep of the well foot. There was a hollow corresponding with the ace-

tabulum, and a bulging above. I diagnosed the case, dislocation of the thigh on the dorsum of the ilium. I attempted reduction but failed, my supply of chloroform being exhausted. It now being late, and my help being inefficient, I concluded to place my patient under a powerful anodyne and leave him, to return the next morning, with professional assistance. Early the following morning I saw the patient, Dr V. H. GREGG accompanying me. Dr. G. examined the case and coincided with me in the diagnosis. We placed the patient under the full influence of chloroform, and by manipulation, we had the satisfaction of forcing the head of the bone, accompanied by the usual clicking sound into the acetabulum. After the reduction, Dr. GREGG seized the limb; flexed, extended, and rotated it, meeting with no resistance. It was then carefully measured, from the anterior superior spinous processes of the ilium, to the internal condyles of the femur, and was found to correspond in length with the opposite limb, and rested in, and maintained its natural position. We applied the usual dressings, bandages around the hips and knees, ordered an evaporating lotion of ac. acetici, dil. tr. camph. and water, to be applied constantly to the joint; prescribed small doses of morph. sulph. and pulv. camp., to be given *pro re nata*, and left the patient, as he expressed it—feeling quite comfortable. I visited him subsequently on the 20th, 21st, and 30th inst., and carefully examined the limb by measurement, and at no time did I find shortening, though the patient at my last visit complained of “cramping of the muscles.” Mr. S. seemed to think it unnecessary for me to visit him again, and promised me, that should any untoward symptoms arise, he would at once notify me of the fact.

On the 4th of October Mr. S. sent for Dr. H., a respectable practitioner of this place, who had long been the patient’s family physician, and in company with Dr. GREGG, my former counsel, visited him and pronounced it a case of fracture of the femur. Dr. G. informed me that the limb was *everted*, and shortened one inch and a half.

Partial fractures or fissures of the long bones have justly been considered by the profession of rare occurrence, and yet the possibility of such injuries is not controverted by our best authorities. In fact there have been cases reported, that were so well established, that not a reasonable doubt could exist as to their true pathology. Prof. HAMILTON, in his excellent treatise on fractures and dislocations, ed. 1860, p. 355—says, “I have already, when speaking of partial fractures,

expressed my conviction of the possibility of a fissure of the neck of the femur, and I have referred to the case reported by Dr. F. B. S. JACKSON, of Boston, as having determined this question beyond all possibility of a doubt."

Dr. JACKSON, in his report denominated "a partial fracture of the neck of the femur, in a man *æt. 44 years*," after describing the locality of the crack in the bone, says, "there is considerable motion between the neck and the shaft, and the fracture could undoubtedly be completed without the application of any extraordinary force."

To the powerful spasm of the external rotator muscles and others of the pelvis, I attribute the completion of the fracture in the above case. The fall and weight of the wagon produced the dislocation. And the blow, which was the result of the slipping of the levers, caused the fissure.

## Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }  
October 12th, 1867.

### SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

#### Stone in the Bladder.

John L., *æt. 67*. This man, who lives in the upper portion of the city, has had some affection of the bladder for three years. Prof. Gross has seen him, off and on, for the last three weeks, and, on sounding him, discovered a stone. The symptoms rather point to some disease of the kidneys. Be this as it may, there is very serious disease of the urinary bladder. His sufferings are intense, notwithstanding the employment of anodynes, both by the mouth and rectum. He is obliged to pass water very often; sometimes every ten or fifteen minutes; and, what is remarkable, so soon as he relieves himself, he feels the same desire. He has a worn, emaciated appearance; appetite indifferent, sleep disturbed, and general health very much impaired. Pressure, even in a slight degree, over the hypogastric region, gives pain. He has been in the hospital in connection with this college for the last three or four days.

The sound was introduced into the bladder, the contact of the stone with the instrument felt, and the peculiar metallic click elicited. The finger was introduced into the bowel, when it was found that there was no enlargement of the prostate gland, or that it existed in a very slight degree. The finger should be introduced into the bowel, with the view of ascertaining, first, the condition of the prostate gland, which is readily done, with the finger in the bowel and the instrument in the bladder. If there is enlargement, there will be a considerable distance between the instrument and the finger, and any increase in the length or width can readily be detected by feeling about. In the second place, by bringing

the finger in contact with the posterior wall of the bladder, through the rectum, information can be gained usually in regard to the volume of the calculus.

In sounding, it is necessary to have a certain quantity of fluid in the bladder. If the patient is not able to retain his urine, a sufficient quantity, not less than three, four, or five ounces, of tepid water, should be injected, in order that the examination may be thoroughly made; and no injury inflicted upon the parts. There should not be too much water in the bladder, otherwise, the instrument will not find the calculus. Very frequently, it happens that the instrument touches the calculus the moment it enters the bladder. If this should not be the case, it is carried about until the operator is satisfied of the presence or absence of the concretion. Sometimes a stone exists and escapes detection. This may be owing to want of skill, to excessive irritability of the bladder, to the presence of too much or too little water in the organ. However this may be, the examination should not be continued too long, as there is danger of over-excitement on the part of the mucous membrane and muscular fibres, leading to mischief. It has happened, occasionally, that even slight sounding has been followed by inflammation of the bladder, communicated to the pelvis, and ending in the death of the patient. The examination should be repeated at the interval of one, two, or three days, until all doubt as to the presence or non-presence of a concretion is removed. Inflammation of the bladder may give rise to all the symptoms of stone.

Up to the last week or ten days, the urine of this man consisted certainly one-third, of pus and plastic matter. Whether all the pus came from the mucous membrane with which the stone is in contact, or whether a portion was derived from the kidneys, has not yet been determined, no microscopic examination having been made.

The operation of lithotomy will be performed at the next clinic. Under ordinary circumstances, no serious difficulty, in regard to the recovery of the patient, would be expected, but if there be involvement of the kidneys, from the extension of irritation from the bladder to those organs, the operation might readily prove fatal.

#### Enlarged Tonsils.

Lizzie G., *æt. 11 years*. This child has labored under enlargement of the tonsils for three years. She is not very strong; takes cold easily; sleeps with her mouth wide open, head thrown back, and snores loudly every night. The two tonsils project beyond the arches of the palate toward the middle line.

This affection is the result of chronic inflammation, followed by deposits of plastic matter, which have become incorporated with the pre-existing tissues. When a child is in this condition, it will breath with more or less difficulty, from the mechanical obstruction to the entrance of the air. As a consequence of this, when the child goes to sleep, it throws its head far back, so as to bring the mouth on a line with the larynx, to facilitate the introduction of air into

the lungs, and lies with its mouth wide open, snoring most lustily. The body is bathed with perspiration, owing to the great action of the respiratory muscles, which are obliged to do an amount of labor far beyond that which is natural to them. As a result of this violent exertion, they become hypertrophied, and if this hypertrophy be permitted to continue for any considerable length of time, deformity of the chest will ensue. This teaches the importance of getting rid of the disease at as early a period after its occurrence as possible.

The patients affected with hypertrophy of the tonsils are of strumous constitution, the offspring of persons the subjects of consumption in some form or other, or of syphilis. These children, not being capable of resisting the influence of atmospheric vicissitudes, chronic inflammation is readily set up. If the child be seen in the earlier stages of the affection, the condition of the system may be corrected by appropriate remedies. Nourishing food, nourishing and stimulating drinks, alterant tonics, as quinine, chalybeates, the iodides, etc., are eligible preparations in cases of this kind, which should be employed with proper judgment and for a considerable length of time. By touching the parts occasionally with a weak solution of nitrate of silver, five, ten, or fifteen grains to the ounce of water, every four or five days, the absorbent vessels will be stimulated to the removal of the deposits upon which the enlargement depends. But if the disease has made considerable progress, as in this case, then such treatment is altogether useless. The only remedy, so far as the affected organs are concerned, is excision, not of the entire gland, but of all that portion which projects beyond the arches of the palate, or which is drawn out by the volsella. The volsella and probe-pointed bistoury are much better in this operation than the tonsillotome employed by PHYSICK, GIBSON, FAHNESTOCK, and others. If the patient co-operates, the operation is a very simple one; if he resists, it becomes very difficult. When the child is violent in its resistance, the best plan is to administer a little chloroform or ether.

Both tonsils were excised in the manner indicated. There was but very little hemorrhage which was checked by a garge of vinegar and water.

Several cases are upon record in this country, where death has followed this operation from exposure immediately after its performance. Such an event could not by any possibility be more untoward, as there is no necessity for such a termination, when proper precautions are taken. Professor Gross has had himself five or six cases where there has been a good deal of bleeding after the operation. When this is the case the patient's mouth should be opened so as to allow the cold air to pass down into the air-passages, and MONSEL's solution applied, ice being placed, if necessary, at the back of the neck and angle of the jaw, and anodynes administered, if there be a hemorrhagic diathesis manifest, to control the action of the heart.

#### Cases of Ankylosis of the Hand.

David C., *æt.* 35. Twenty-eight months ago, the right hand of this man was hurt by an axe,

and the wound followed by erysipelas. There is ankylosis of the joints of the fingers and of the wrist. The fingers are nothing but claws now, and the whole hand is atrophied and shrivelled from the want of nerve power, and a due supply of blood. The right arm is smaller than the other. Whenever there is any serious suffering in a joint, the corresponding portion of the limb always becomes atrophied on account of changes in its nutrition. The hand and fingers are cold. There is no pain in the parts now. He has some use of the thumb.

The ankylosis here is so great as to render it impossible to break up the adhesions, or if they were broken up to restore the functions of the joints.

There is disease of the bone in the carpus, two openings in the skin leading down to caries in the bones of the wrist. The ulna is also apparently affected in the same way. The wrist joint is, therefore, seriously involved in disease. Even if the caries were got rid of, the man would not regain the use of his fingers, as the tendons are destroyed or have contracted adhesions which cannot be broken up.

This case illustrates what may occur through comparatively slight injuries. Erysipelas supervened upon the injury, causing great swelling and deposits of plastic matter into all the articulations.

Chas. H., *æt.* 30. Eight months ago, this man bruised his right hand. Swelling of the parts followed, and all the joints of the fingers are now ankylosed. The wrist is apparently sound. There is an abscess on the back of the hand, and caries of the metacarpal bones. This case is much less serious than the one just described.

The man was placed under chloroform, the abscess was opened, and the metacarpal bones scraped, as they were found in a condition of caries. The edges of the sinus were trimmed off, so as to place the parts in a better condition for the granulating process. The after treatment of the part and system will be conducted upon ordinary antiphlogistic principles.

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#### Chestnut Leaves in Pertussis.

In the *Cincinnati Lancet and Observer*, Dr. J. S. UNZICKER, of Cincinnati, reports the use of a decoction of the leaves of the chestnut, *Castanea Visca*, in hooping cough. He says:

I have given it a fair trial in about thirty cases, and feel satisfied in saying that at last a remedy is found to cope with this disease. In all of these cases it gave decided relief the first two weeks. The cough is cut short, and patients rest easier through nights, and the decline of all symptoms from that time on is very rapid. My method of using it is as follows: take from 3*ij.* to 3*iv.* of the leaves to the pint of water; let it come to a boil, then pour the whole into a teapot, without straining, and let them drink occasionally—either cold or warm—and as much as they will through the day and at bed-time. Children, I find, like to drink it, even without sugar, which I consider best, and have that way administered it to infants, without the least difficulty.

## EDITORIAL DEPARTMENT.

## Periscope.

## Licensed Prostitution.

The Paris correspondent of the *Chicago Med. Examiner*, Prof. ANDREWS, gives the following analysis of the comparative results of licensing prostitutes:

The outlines of the system are these: the laws announce to the prostitutes, that, although their crimes are worthy of punishment, the practical difficulties of the subject have determined the authorities to tolerate prostitution under certain conditions and regulations. These conditions are usually as follows:

1st. Every woman proposing to act as a prostitute shall, under penalty of imprisonment for refusal, register her name at the police headquarters, in the book provided for the purpose, and shall only exercise her vocation in the apartment or house permitted by her license.

2d. She shall never walk the streets in gay dresses, nor in any manner, by look, or word, or gesture, solicit patronage in public places. In some cities they are prohibited from going to theatres, concerts, balls, or other places of public amusement; but in Paris they have immense dance-houses, where they fully revenge themselves for their restrictions on the street.

3d. She shall, at all times, keep a proper array of syringes and sponges, and after each act of coition, shall thoroughly wash out her vagina without delay.

4th. The houses and apartments shall be subject to police inspection at all hours.

5th. The public women are divided into two classes, the *filles de chambre* and *filles de maison*. The former take a license to live by themselves in private apartments; the latter go into houses of prostitution, kept by women who have absolute authority over them, and frequently treat them with great cruelty.

6th. The *filles de chambre* shall appear at the appointed place once in two weeks, and the *filles de maison* every week, for surgical examination. Here a staff of surgeons takes them in hand, and examines the vagina, the rectum, and the mouth. Those found diseased are sent to a prison-hospital, where they are strictly confined until they are cured. Those not diseased are furnished with a certificate of health, with the date of the examination. Those that fail to present themselves for examination are sought out and punished.

There are numerous other regulations for their government, but the above are the main points in most of the cities where the system exists. The next question is, what are the results? Have the cities thus regulated fewer prostitutes than others? Have they less venereal disease than others?

To answer these questions, I have, with much labor, gathered the material for the following tabular statements. I place in the first table the cities which have in operation the toleration sys-

tem, with the number of registered prostitutes in each. The second table contains those which have not this system. The third shows the proportion of venereal disease in the hospitals of the non-licensing cities, which is compared with that of Paris.

Table showing the proportion of Registered Prostitutes to the whole population, in cities which adopt the License System.

Paris.....	1 Prostitute to 281 Inhabitants.
Brussels.....	435 "
Berlin.....	754 "
Copenhagen.....	561 "
Hamburg.....	359 "
La Haye.....	750 "
Rotterdam.....	267 "
Amsterdam.....	286 "
Turin.....	193 "
Bordeaux.....	270 "
Brest.....	159 "
Lyons.....	424 "
Marseilles.....	285 "
Nantz.....	378 "
Strasbourg.....	281 "
Algiers.....	102 "

Average, 1 Prostitute to 362 Inhabitants.

This table I have formed by combining the statistics found in the supplement to PARENT-DUCHATELET's great work, third edition, issued in 1857. The figures are given on the authority of the Chief of the Sanitary Bureau, and of the Chief of the Bureau of Police, of Paris.

Table showing the proportions of Prostitutes to the whole population, in cities which do not adopt the License System.

Chicago.....	1 Prostitute to 230 Inhabitants.
New York and Suburbs.....	5'8 "
London and Suburbs.....	544 "
English great seaports, Liverpool, Bristol, and Plymouth.....	193 "
English pleasure towns, as Brighton, Bath, etc.....	244 "
English towns depending on agricultural dist'ls, as Ipswich.....	309 "
Seats of English Cotton and Linen Manufact'rs, as Manchester, etc.....	557 "
Seats of English Woollen Manufact'rs, as Leeds, etc.....	654 "
Seats of English Mixed Manufact'rs, as Norwich.....	478 "
Seats of English Iron Manufact'rs, as Birmingham, Sheffield, etc.....	709 "
Glasgow.....	394 "
Madrid.....	270 "

Average, 1 Prostitute to 425 Inhabitants.

From which it appears that the proportion of prostitutes to the population is about 17 per cent. greater in cities which adopt the license system, than in those which do not.

The great aim of the license system, however, is to diminish the scourge of venereal disease in the community at large. It is important, therefore, to enquire what the per cent. of venereal cases is in the two classes of cities. The difficulties of this investigation are very great, but I have adopted for a standard of comparison, the proportion found in the civil hospitals of the various cities, excluding from the comparison the military hospitals and the prisons. This method will be as fair for the one class as for the other. I have succeeded in obtaining the results in six non-licensing cities, and in one licensing city, viz., Paris. In the other European cities, I have

been unable to get the statistics with sufficient accuracy to entitle them to places in the tables.

Table showing the proportion of Venereal Patients to all kinds treated in civil hospitals.

Cities.	Venereal Cases,	Total Cases of all Kinds.
Chicago.....	580	4,147
Philadelphia.....	1,127	12,292
New York.....	1,933	23,914
Liverpool.....	2,073	63,074*
Manchester.....	3,500	75,000*
London .....	3,857	31,284
Totals.....	12,470	209,091

Or one venereal case to about 16% of all kinds.

In Paris, which has the licensing system, I find in the same class of hospitals, as follows:—Venereal cases, 5276; cases of all kinds, 84,267, or 1 venereal case to about 16 of all kinds. It appears, therefore, that there is a trifle more venereal disease in Paris than in the average of cities which have no license system, in spite of the weekly examination of the strumpets.

This result, which at first glance seems so surprising, is readily accounted for, if we look a little further into the practical working of the system. The weekly inspection of the strumpets, under the license system, greatly diminishes the proportion of disease among the strumpets themselves, but this very fact acts as a first-class advertisement of the safety of their charms. Hence their patronage is increased, as is shown by the increased numbers, and this augmented number of risks goes far to balance the diminished danger of each single copulation. In non-licensing cities, the fear and disgust of diseased strumpets sets on many minds as a strong deterring influence.

Again, it is a great mistake to suppose that the license system ever effects a complete regulation of this evil. The Chief of Police in Paris shows that in every city where the plan is attempted, there is a large class of prostitutes, called *insoumis*, or *femmes libres*, who prefer their liberty to police restrictions, and in spite of law, carry on their trade clandestinely. Having no medical inspection, they are as much diseased as the prostitutes of any other country. There are no more thorough police corps in the world than those of Paris and Berlin, yet in these cities a large portion of the habitual prostitutes are neither registered nor regulated. At the prison hospital of St. Lazare, where all diseased prostitutes are sent for cure, the surgeon informed me that more than half the patients are *femmes libres*—unregistered, illegal prostitutes—captured by the police in the exercise of their profession. In Berlin, in 1857, the number of these clandestine prostitutes was reckoned as far exceeding that of the registered ones. (PARENT DUCHATEL's work, vol. ii., p. 675.) If, therefore, it is true that no police has ever been able to suppress prostitution, it is equally true that the best police in the world can neither regulate it, nor even register it with anything like completeness. The reasons of this failure are as follows:

1st. The invincible determination of many of

these women to preserve their liberty, and to avoid the restrictions of police regulations. This is human nature the world over, and there is no police which can compress it out of existence.

2d. The police often know to a moral certainty that a woman is living by prostitution, but if she is quiet and orderly, and if there is not clear legal proof of her actions, a seizure of her person, and a consigning of her by force to the infamy of a house of prostitution, excites a degree of popular resentment which neither the police of Paris nor of any other city are willing to brave.

3d. The same remarks are applicable to clandestine prostitutes of orderly behavior, who make a fair pretence of living by some legitimate business.

4th. There is a class of prostitutes who are pursuing their trade under the roofs of their parents, often with their approval. If they are not disorderly, they have a sort of quasi respectability, and have still a chance to marry and reform, which they occasionally do. Practically, the magistrates, though knowing their character and probable ultimate destiny, shrink from tearing them from the parental protection, and from sundering the last tie which connects them to the possibility of a virtuous life.

5th. So far as I can ascertain, no effort is made to register the mistresses of men who keep loose women for their own exclusive use.

6th. No police pretends to supervise that indefinite mass of licentiousness which prevails *con amore* among the people, and is a matter of passion, and not of pecuniary consideration.

From these various facts, it results that the European officers of justice are unable to reach more than a small portion of the sources of venereal contagion. They prevent a part of the disease of the registered prostitutes, but the great tide of clandestine licentiousness flows past them unchecked, and saturated with syphilitic infection. I think the statistics plainly show three things:

1. The license system never succeeds in putting anything like the whole number, even of professional prostitutes, under regulation, much less the semi-professional ones.

2. It does not diminish the sum total of venereal disease in a community, but only the relative risk per copulation.

3. It increases the amount of public prostitution, by giving an impression of the safety of the inspected brothels, and thus affording them the very best possible advertisement. Meanwhile, it never fully frees them from infection, and the increased number keeps up the sum total of disease.

There are, however, some minor advantages gained. Thus, the prostitutes are kept, in a great measure, from open solicitations on the streets, so that cities under this plan present a greater external appearance of decency than others, even though they may be corrupt in fact. Also, by having the brothels under constant observation, the police prevent many disorders, and when thieves or other malefactors are to be sought for, these houses are excellent man-traps, in which to catch them. This consideration, I find, always weighs strongly among police offi-

\* The figures of Manchester and Liverpool, both of venereal and of other diseases, appear very large, because they include the out-patients as well as the in-patients. In the other cities there are no statistics of the out-patients.

cers, in favor of the system, as might be expected from the nature of their duties.

On the whole, it does not appear that the license system is worth transporting to America in its present form. It increases the licentiousness without diminishing the sum total of venereal disease, and this fact is enough to condemn it. I think, however, that some improvement must be made in our present American plan, or rather our *no plan at all*, of managing this evil, but I think we shall be obliged to devise it ourselves, for there is no system in Europe worth copying.

There are some curious developments of human nature in Parisian licentiousness. The strumpets often have a high opinion of themselves, and are even very pious. Here are specimens of their petitions to the Prefect of Police. One commences thus:

*"Monsieur le Prefet:*

"Being incapable of labor, in consequence of a double hernia and other grave maladies, it is not for the gratification of my passions, nor from bad habits, that I have for ten years been enrolled in your office (as a prostitute). The testimony from all my neighborhood, Monsieur le Prefet, will prove to you that I have, to some extent, effaced by my *morality, my decency, and the regularity of my conduct*, the degradation of my condition."

An old woman, aged 82, applies in the following terms, for permission for her daughter and grand-daughter to open a new house of prostitution:

*"Monsieur le Prefet:*

"At the age of 82 years, and the mother of a numerous family, I implore, Monsieur le Prefet, your aid and protection. You who are the father of the poor, the support of the widow and of the orphan, the stay of the afflicted, and the refuge of the unfortunate, will certainly not refuse my request. At an age so advanced, feeling myself near the time when I must render up my soul to God, and appear before my Creator, it is my duty to provide for the wants of my children, and to transmit to them my means of subsistence." Then follows her request for permission to establish a brothel, under the charge of her daughter.

Another woman petitions for leave to open a new house, promising the Prefect that she will keep in it only "the most distinguished women," who will attract men of such irreproachable character, that "tranquillity, order, faithfulness, and healthfulness will be the inevitable result." Moreover, she declares that the splendor of the house and its furniture will be such, that Paris will glory in it.

Another commences her petition as follows:

*"Monsieur le Prefet:*

"I have been a registered woman for ten years, and have lived in my own apartments (*fille de chambre*). Feeling bound in honor to preserve intact the reputation of *honesty and delicacy* which I have acquired in my neighborhood, I am forced, in order to fulfil *sacred engagements and to pay some debts of honor*," etc., etc.

It is evident that the Parisian prostitutes preserve their full share of the power of gasconade.

The depth of degradation to which these poor women are driven by their paramours is almost inconceivable. The chief-surgeon of the prison hospital of St. Lazare informed me that one woman sometimes sustains forty connections in twenty-four hours, working day and night, to use his own comparison, *comme une machine à coudre à vapeur* (like a steam sewing machine). He states, also, that the men of the Parisian hells have introduced and brought into full vogue, the Oriental practice of copulating with these women *per anum*, instead of *per vaginam*. As an illustration, he showed me a considerable number of women with a peculiar hypertrophy of the anterior border of the anus, produced by this practice. Several of them had the circumference of the rectum studded with chancroid ulcers, as the result. What is still more incredible, is that these depraved beasts, driven to their wit's end for new measures to excite their jaded passions, frequently copulate *per os faciis*, so that primary sores are now frequent on the lips and in the interior of the mouth. He showed me several patients thus affected, remarking with French vivacity, respecting one of them who had a large chancre on her lip, "elle a joué la clarinette avec un penis d'un homme pour instrument," (she has been playing the clarinet, with a man's penis for an instrument). As a consequence, the examining surgeons are obliged to inspect the mouth, the vagina, and the anus, before they can give a certificate of soundness.

If, in relating the above facts, I have offended any one's delicacy, I am sorry for it. I deem it important at the present time, when many are proposing to adopt in America the French system, to state the whole truth, that we may know what style of vice flourishes under that system, and judge for ourselves whether it is smaller in its magnitude, or any less revolting in form than that which we already have in our cities.

#### Puerperal Convulsions Treated by Bromide of Potassium.

Dr. J. B. Wood, of Croton Falls, N. Y., in the *Amer. Jour. of Med. Science*, gives the following case:

Mrs. Q. aged 40, multipara, was taken July 14 with severe cephalgia, which continued unremittingly up to the morning of the 17th, when she was delivered by one pair of a living child. Shortly after, she was taken with convulsions, and Dr. C. Lee being called in, prescribed morphia, and cold to the head. At 8, P. M., when I saw her in consultation, she had had five convulsions; pulse 45. I suggested the use of bromide of potassium in fifteen-grain doses, to be given every two hours. 10, P. M. Had one convolution about half an hour after the administration of the first dose; slept some afterwards.

July 18. 8, A. M. The attendants had been unable to administer the medicine. Patient had had three convulsions during the night, but since 3, A. M. had slept very quietly. We then aroused her, and succeeded in administering the bromide, to each dose of which one grain of bromide of ammonia was added, and this was given during the day at the same intervals. In the

evening she awoke as from a sound sleep, and inquired what had been the matter with her, not even remembering the birth of her child. Pulse about 65.

The same treatment was kept up during the night and next day, with the exception that the medicine was given at longer intervals. The patient had no more convulsions after 3, A. M. of the 18th, and only a little fever followed, which was controlled by ordinary remedies.

I would not hesitate to give the bromide of potassium in still larger doses, and I believe that as soon as the system can be brought thoroughly under its influence not another convulsion will take place.

## Reviews and Book Notices.

### NOTES ON BOOKS.

A correspondent, who is also something of an author, not long since sent us one of his productions, with the following delightfully naive request: "If you can make a *favorable* notice of it, I would like to see it in your journal." The italics are his own. We beg to say in reply, for his benefit, and that of all whom it may concern, that we aim to notice *every* literary production sent us, but whether favorably or not, depends, and invariably will depend, on the manner in which it seems to us the work is executed. Our aim is to give our readers as correct a notion as we can of the various contributions to medical literature, and neither to "misrepresent intentionally," as one aggrieved author intimates, nor to "notice favorably," per request, as our present correspondent asks.

Few medical novelties are announced across the water. Mr. SMITH has published a monograph on the Pathology, Classification, and Therapeutics of Ringworm. (London.)

In France another work has appeared on *La Suelle Miliaire*, by Dr. GRESSER, asserting its invariable curability. No doubt can exist but that this and the terrible sweating plague, the *Sudor Anglicus*, of the middle ages, are different diseases. Dr. G.'s remedy is persulphate of iron. Dr. E. MAGITOR has written "Ethnological and Statistical Researches on the Teeth;" and Dr. LADEVEZE "Some Considerations on Glycoemic Gangrene."

Mr. LEA, of Philadelphia, announces WALES on Elementary Operations in Surgery, and CULLEVIER'S *Atlas* on Venereal Diseases, translated and edited by Dr. BUMSTEAD.

Hospital Reports, after the character of those of GUY'S and ST. BARTHOLOMEW'S in London, will be issued some time this winter, by the

medical staff of Bellevue and Charity Hospitals, N. Y. We have already mentioned that the staff of the Pennsylvania Hospital had commenced reports of this kind. Their usefulness will be manifest.

SKEY on Hysteria, and KLOE on the Pathological Anatomy of the Female Sexual Organs, will shortly appear in New York.

The Biography of WILLIAM DARRELL, M. D., by Dr. A. NEBINGER, which was read before the Philadelphia County Medical Society last January, and published in the Transactions of the State Medical Society, comes to us also as a separate pamphlet. It is a worthy tribute of respect to the memory of that much honored member of our profession.

Transactions of the Medical Society of Pennsylvania, at the Eighteenth Annual Session, held at Pittsburgh, June, 1867. Published by the Society. Philadelphia: 1867. 1 vol., paper, pp. 157—500.

Out of the fifty odd counties in the State, fifteen send reports, and several others lists of officers and members. A number of valuable observations and isolated facts are scattered through the reports, which might with advantage have been summed up at the end of the volume. We will refer to a few of them. Dr. A. M. POLLOCK, of Allegheny, relates six cases of internal haemorrhoids successfully operated upon with the écraseur, (p. 205). Dr. LANGFITT, of Beaver, mentions the use of oil of sassafras for oil of turpentine in typhoid fever, (p. 212); podophyllin in the commencement of this disease, is strongly recommended by Dr. SPOTT, of Berks, (p. 217). Charcoal in epistaxis, finds an earnest champion in Dr. WEIDMAN, of Berks, (p. 220). A very remarkable case of cure by the *vis medicatrix naturae*, in extra-uterine gestation, is narrated by Dr. J. K. LEVAN, of Berks, (p. 219). The saturated tincture of veratrum viride in large doses, is advocated by Dr. NEWBERRY, of Montgomery, (p. 257), and several physicians in that county unite in condemning the use of the bandage after labor, as injurious, (p. 259). The latter part of the volume is taken up with the Prize Essay of Dr. J. B. ULLERSPERGER, of Munich, on "Ancient Transfusion and Infusion, compared with Modern Transfusion, Infusion, and Hypodermic or Subcutaneous Injections." It is printed in both French and English. The translation is by Dr. C. F. WITTIG, and is exact and fluent. The Essay is an admirable one, and is particularly complete in the historical discussion of the question, though it does not overlook the practical points.

**Headaches: Their Causes and their Cure.** By HENRY G. WRIGHT, M. D., M. R. C. S. L., etc. From the Fourth London Edition. Philadelphia: LINDSAY & BLAKISTON. 1867. 12mo., cloth, pp. 154. Price, \$1.25.

Few affections are more unmanageable and more troublesome, than those of which this essay treats; and we doubt not that any suggestions by which we can relieve them, will be gladly received by physicians. The author's plan is simple and practical. He treats of headaches in childhood and youth, in adult life and old age, giving in each their varieties and symptoms, and their causes and treatment. It is a most satisfactory monograph, as the mere fact that this is a reprint of the *fourth* edition, testifies.

The great pains which the author takes to clear up the differential diagnosis of the different varieties, and establish a satisfactory basis for rational treatment are everywhere visible. While such a valuable fund of information is offered to the practitioner at the cost of a single visit, he should not let his patient suffer for want of it.

The typographical execution of the work is extremely neat.

**Studies in Pathology and Therapeutics.** By S. H. DICKSON, M. D., LL. D., Prof. of Practice of Physic in Jefferson Med. Coll., Phila., etc. New York: Wm. Wood & Co. 1867. 1 vol., 12mo., cloth, pp. 201. Price, \$1.25. For sale by J. B. LIPPINCOTT & Co., Philadelphia.

This little volume contains five essays: Disease, its Character and Tendency; the Causation of Diseases; On Certain Morbid Conditions of the Sensorial System; Pneumonia; Serofulosis and Tuberculosis; Therapeutics. The first, second, third, and sixth of these were published in the *Richmond Medical Journal*; the fifth in the *N. Y. Medical Record*, while that on pneumonia is new.

Dr. DICKSON is of opinion that "disease is essentially evil, and always tends to evil;" a sort of medical Manicheism, which has not found much favor of late years. Though a theoretical point only, its decision cannot but influence practice to a great degree. He is also a believer in the change of type theory, though even Sir Wm. WATSON, who maintained it so stoutly for a while, has now left it in the lurch.

The style of the essays is agreeable and flowing, which it may be said in passing, is characteristic of all Dr. DICKSON's writings. There are constant evidences of extensive reading, mature reflection, and large experience scattered throughout its pages; and we are sure that the profession at large will be glad to welcome it as a valuable contribution to current medical literature.

**Catalogue of the Surgical Section of the United States Army Medical Museum.** Prepared under the direction of the Surgeon-General U. S. Army. By ALFRED A. WOODHULL, Ass't Surg. and Brev't Major, U. S. A. Washington: 1867. Imp. 4to., pp. 664.

**Catalogue of the Medical Section of the United States Army Medical Museum.** Prepared under the direction of the Surg. Gen. U. S. A., by Brev't Lt. Col. J. J. WOODWARD, Ass't Surg., U. S. A. Washington: 1867. Imp. 4to., pp. 161.

This magnificent work, an honor, not less to the general government, than to the medical bureau of the army, ample as it is, is but an enumeration of the specimens in the museum of medicine and surgery formed at Washington during the late war. It proves how enlightened and how thoroughly fitted for the responsible duties they had to perform, were the four thousand odd medical men who left their practices for the service. Among the names of contributors we find many who are familiar to reading physicians throughout the country. No correct estimate can yet be formed of the immense value of this collection. When the illustration it offers are studied, and the principles they prove are set forth in their practical bearings, we may look for many an unexpected and priceless addition to military surgery and general medicine.

The number of specimens in the surgical section described is 4719, and about half as many in the medical. The illustrations are in the highest style of art, and the general appearance of the volume is worthy of the government of such a country.

**A Report on Amputations at the Hip-Joint in Military Surgery.** Circular No. 7, War Department, Surgeon-General's Office. By GEORGE A. OTIS, Ass't. Surg. and Brev't Lt. Col. U. S. A. 4to., pp. 87. Government Printing Office.

In this admirable report is summed up the teachings of the late war on the question of hip-joint amputations. It is a model of close reasoning from a profound study of the whole subject, both in its earlier history and later development. It is every way worthy of the source whence it emanates, and reflects great credit on Dr. OTIS, who has in charge the Surgical History of the late rebellion. The practical maxims he deduces are of great importance. They may be briefly stated to be, 1st, that the primary operation is not uniformly fatal, but under certain clearly defined conditions should be undertaken. 2d. The prevailing opinion that it should be preferably performed as an intermediate operation is refuted. 3d. Instances

of successful secondary amputation for femoral necrosis and chronic osteo-myelitis are given. And, finally, it is shown, that when after amputations in the continuity of the thigh, the stump has become diseased, reamputations at the hip may be done, with comparative safety.

Numerous illustrations and several handsome chromo-lithographs add much to the beauty of the work.

**Epidemic Meningitis, or Cerebro-Spinal Meningitis.** By ALFRED STILLE, M. D., Professor of the Theory and Practice of Medicine in the University of Pa., etc. Philadelphia: LINDSAY & BLACKISTON. 1867. 1 vol., 8vo., cloth, pp. 178. Price, \$2.00.

The name of the author is sufficient guarantee that this monograph is elegant in style, exhaustive of its subject, and rich with practical suggestions, from a wide experience by the bed-side. It is dedicated to the clinical class of the Philadelphia Hospital, in which institution about a hundred cases of this terrible disease occurred. They form the text of the treatise, but a very wide range of authorities is gone over in recapitulating what has hitherto been learned on the topic. The symptomatology is very complete, and takes up about a third of the book. The anatomical characters, causes, diagnosis and treatment, occupy the remainder; and at the close, by way of appendix, is a list of the original monographs, reports, etc., referred to in the body of the essay. The type, paper, and general execution of the volume, leave nothing to be desired on that score.

**Inhalation: Its Therapeutics and Practice.** A Treatise on the Inhalation of Gases, Vapors, Nebulized Fluids and Powders, including a Description of the Apparatus employed, and a Record of Numerous Experiments, Physiological and Pathological; with Cases. By J. SOLIS COHEN, M.D. Illustrated. Philadelphia: LINDSAY & BLAKISTON. 1867. 12mo., cloth, pp. xii. 205. Price, \$2.50.

In 1867, Dr. COHEN was appointed chairman of a Committee of the American Medical Association to draw up a report on the Therapeutics of Inhalation. Material accumulated so rapidly while fulfilling this task, that he concluded to throw it into book form. The present volume is the result. What it is, is so completely told in the title, that its plan requires no synopsis at our hands.

It goes over the ground very thoroughly, describing and portraying the various instruments used for the purpose, giving numerous formulæ recommended by various writers, and discussing at length the diseases in which nebulized inhalation

tions are applicable, and have been applied by various physicians. The French and German sources have been carefully examined, and many facts and experiences have been gleaned not elsewhere accessible in our tongue. The amount of original matter is also large, drawn both from the author's own practice and from unpublished cases. It is unquestionably the best book which has yet appeared on the topic.

**Synopsis of the Course of Lectures on Materia Medica and Pharmacy,** delivered in the University of Pennsylvania; with Five Lectures on the Modus Operandi of Medicines. By JOSEPH CARSON, M. D. Fourth Edition, Revised. Philadelphia: H. C. LEA. 1867. 1 vol., 8vo., cloth, pp. 272. Price, \$3.00.

That this book has reached its fourth edition, is sufficient evidence that a number of generations of students have found it of value in following the lectures of Prof. CARSON. It lays no claim to the character of an independent treatise, and is designed exclusively for use in the lecture room. An exception to this general verdict is to be made concerning the five lectures on the action of medicines, printed at the close of the volume. They contain a most excellent resumè of our existing knowledge of the operation of remedial agents through the medium of the nervous system and by absorption, including both the physical and physiological laws which are thus illustrated. The experiments with the narcotic and stimulant alkaloids, which have of late years so much engaged the attention of students, are here briefly given by their results. A careful study of these lectures will do much to suggest the proper time when one can use with effect the various classes of pharmaceutical products directed to the nervous system, and they merit a careful perusal by the practitioner as well as the student.

#### Death of Chartroule.

Death has been unusually busy of late among the scientific men of Paris. Three celebrated physicians—VELPEAU, ROYER and CHARTROULE—have died within the past month. The last death, which took place a few days since, was that of Doctor CHARTROULE, of the Academy of Medicine.

Doctor CHARTROULE had devoted his talents to the speciality of diseases of the lungs, and was the author of a system of treatment which has been a fertile subject of discussion between the learned medical societies of Continental Europe. Doctor CHARTROULE was still comparatively young, being only fifty-six years of age, when an attack of paralysis terminated fatally.

## Medical and Surgical Reporter.

PHILADELPHIA, OCTOBER 26, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

### NOTICE TO SUBSCRIBERS.

From the 1st of January, 1868, we shall strictly enforce again, our old rule requiring payment in advance. For reasons given some years since, pre-payment has not been insisted upon—but the circumstances of the country are now such that we feel warranted in again requiring it.

Those who have not yet paid for the current year, will please remit immediately. There are several thousand dollars due on current subscriptions, which must be paid soon to insure a continuance of the *REPORTER* to the delinquents. The amounts are insignificant to subscribers, but the aggregate is large enough to be embarrassing to us.

### TO OUR CITY SUBSCRIBERS.

Those of our City Subscribers who hold the receipt of R. H. LINDSAY for money, will confer a favor by notifying us at once. Mr. JOSEPH H. SWAIN is the only person authorized to collect subscriptions in this city.

### "MEDICAL PREJUDICE."

Under the above title, the *Daily Times* of New York publishes some editorial strictures on the action of the New York Academy of Medicine for suspending from fellowship a member who had transgressed the ethical rules of the profession by consulting with a homœopathic practitioner.

The newspaper press generally is given to making flippant remarks and uncharitable criticisms on the action of medical bodies and medical men. If there is the slightest apparent excuse for derogatory remarks on the actions of regular physicians, it is too often taken advantage of.

In the present instance, the action of an old and respectable association, composed of the principal medical men of New York, many of whom enjoy a world-wide reputation, and all of whom are men of character and standing in that community, is characterized as "medical prejudice," because they see fit to deal with a member who transgressed a very reasonable and proper rule, when that member knew perfectly well what the penalty of transgression was.

The medical profession has as much right, and is much more in duty bound—inasmuch as its objects and aims are of so exalted and sacred a character—to adopt rules of conduct in its associated capacity, and insist on their observance under such penalties as they may see fit to pre-

scribe. Of what use are laws and rules, without penalties? If a member of an association of medical men chooses to transgress one of its rules, and especially so important a one as in this case, he has no right to complain if the penalty is enforced, inasmuch as he has deliberately invited it.

Our denominational and clerical associations have their rules of doctrine and of order, our courts and legal bodies have their regulations, so also our boards of brokers and other mercantile associations, and the editorial fraternity itself—each has its rules and regulations, the infraction of which, their members well know, compromises their standing. Is the enforcement of the penalty by these bodies an evidence of prejudice on their part, or is it not rather just and proper to thus maintain their honor, purity, and dignity?

The medical profession is competent to decide as to the propriety and necessity of its own rules and regulations. The claims of homœopathy as a science, and the status of its practitioners, have for many years been the subject of consideration at various times, both here and in Europe, and the unanimous decision of the profession is to ignore the one, and, as a necessary consequence, leave the other without standing and recognition as medical practitioners.

It is not true, as the *Times* asserts, that homœopathic practitioners are "nearly as numerous and quite as respectable as the regulars." Nor is it true, that the claims of homœopathy to recognition as a science, are an "open question" with the profession. Again and again, it has been decided by the most competent authority, that it has no claim, and yet this Daniel of the *Times* has the audacity to wind up its diatribe against the New York Academy of Medicine with the remark, "It is, indeed, pitiful to see gentlemen of refinement and education allowing their prejudices to carry them to such lengths!"

Does it never occur to our newspaper scribblers, that the medical profession are by education and observation, capable of managing the affairs of their own organizations, and that, possibly, there may be "prejudices" on their side? But it would be amusing, if it were not "pitiful," to recount some of the tergiversations of writers for the press on subjects connected with medical ethics and practice. They all feel competent on occasion to judge of the weightiest and gravest matters connected with medical science, and as their decisions cannot be founded on knowledge, there is ground for charging that they are founded on the staple that they so flippantly charge against the "gentlemen of refinement and education" of which the medical profession is composed.

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## NOTES AND COMMENTS.

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PHYSICIANS' RIGHTS AND APOTHECA-  
RIES' DUTIES.

In every country where laws are enacted to control the dispensing of medicine, the strictest injunction is laid on the druggist that he shall sell no poisonous articles, or compound without the authorization of a physician, and care is taken that this law is not a dead letter. It should be everywhere enforced. No druggist should be allowed to vend poisons, nor give a copy of a prescription containing such, nor repeat one, without express directions from the prescribing physician. Hardly a week passes but that somewhere in our country we notice a death due to the neglect of this salutary precaution.

Still less should druggists be permitted to prescribe them. Such cases as the following are manslaughters of the least justifiable character, though it is but one of the many deaths from the carelessness of a druggist.

An inquest was held at the Kings County Court-House, Brooklyn, New York, on the 15th inst., by coroner SMITH, over the body of Matilda Webster, who died the Saturday previous, after taking two grains of morphia, given by Mr. James M. Kennedy, a druggist. After the examination of several witnesses the majority of the jury found "That Matilda Webster came to her death by an overdose of morphine, ignorantly or carelessly prescribed, and sold for her to her daughter, Jane Armstrong, by Robert M. Kennedy, druggist." The minority of the jury presented the following verdict: "A minority of this jury further call the attention of the authorities to the danger to the poorer classes for the want of a law, making it a severe penal offense for any druggist to prescribe medicine himself, or allow them to be dispensed from his store, except on a physician's prescription; and until such a law be enacted, we suggest the propriety of the physicians belonging to the several schools of medicine, using unusual vigilance when called to a patient, in ascertaining if medicines have been prescribed by a druggist previous to their arrival." The prisoner was committed to the Kings County jail to await the action of the Grand Jury.

In the older European governments, where individual life is better looked after than with us, such cases are almost unheard of. The minority report of the jury in this case should occupy the attention of every thinking man, and the suggestion to physicians it embodies is a timely and useful one.

It is not the duty of the apothecary to prescribe for his customers,—it is a dangerous practice, and as it imperils the lives of the public, it should be an indictable offense. The prescriptions brought him to put up do not belong to him; he has no right to repeat them

without an order from the prescribing physician to that effect; and the medical profession would act wisely by enforcing attention to their own rights, and apothecaries' duties in these respects.

## Notes and Comments.

## A Tempest in a Tea-pot.

A convention recently assembled in this city, composed of representatives of the "Eclectic" school of practitioners, the satellites that revolve around a certain "reform" school in this city—most of them being "professors"—and some irregular spirits, who, refusing to be bound by the ethical rules of the regular profession, have been cast out. The object was to form an association, which was done under the name of the "National Medical Association," a name, it will be observed, very nearly similar to that of our own American Medical Association. In such a conglomerate assemblage it is not to be wondered at, that the ethical question, on a proposition to appoint a committee on medical ethics gave rise to a great deal of warm debate. It was at first voted down, but finally prevailed, and a committee appointed to report at the next meeting—if that ever takes place.

## The Medical Schools.

The University and the Jefferson schools commenced their sessions last week, with very large classes. The Introductory in the University was delivered by Professor LEIDY, and in the Jefferson College by Professor GROSS. The preliminary lectures have been fully attended, and the lecture season promises to be one of interest and profit to all concerned.

The schools of New York, also, have the prospect of a large attendance of students. Since the opening of the Bellevue Hospital Medical College there has been a marked increase in the number of medical students resorting to New York for an education, so that they now nearly equal those of this city.

## The Climate of Nebraska.

An intelligent subscriber and correspondent writing from Omaha, Nebraska, says:—"This climate is almost a specific for catarrhal and asthmatic diseases, notwithstanding the high winds that are prevalent. It is a noticeable fact that scarlet fever and measles are almost unknown among the citizens of this city."

Concerning the treatment of cholera, which has been prevailing in Omaha the past summer,

he says:—"One physician always gives chloroform in drachm or half-drachm doses, to check the vomiting, and finds it very effectual. Another uses a combination of camphor, opium and oxalate of cerium in the proportion of, camphor 2 grs., opium 1 gr., oxalate of cerium  $\frac{1}{2}$  gr., with great efficacy." He says that the oxalate of cerium is being used by himself and a number of the physicians of Omaha in all cases of vomiting—whether from pregnancy or other causes, with a very satisfactory degree of success.

**ERRATA.**—In Dr. BANNING's article on Hernia, p. 207, first column, 23d line from bottom, for hypogastria, read hogastric. Same page, second column, 8th line from bottom, for "in hernia," read "in ventral hernia."

## Correspondence.

### DOMESTIC.

#### Missed Labor.

To the Editors of the MED. AND SURG. REPORTER:

I send you a report of a case bearing upon a question already before your readers, viz., that of "Missed Labor."

A. J., a young primiparous woman, of nervous sanguine temperament, was admitted to the Woman's Hospital of this city, March 8th, 1864, on account of a troublesome prolapsus uteri, from which she had then suffered some weeks. She was about seven and a half months pregnant.

The cervix uteri protruded from the vulva fully two inches. It was penetrable by the finger through its whole length. This condition persisted, notwithstanding the use of pessaries, recumbency, etc., until the morning of the 26th of April, when the patient was found to be in labor, and the contractions regular, although feeble and infrequent. The cervix retreated gradually, and became effaced. At evening, an orifice alone remained, but with thick and firm borders.

The contractions becoming vigorous, a degree of dilatation—not exceeding an inch and a half in diameter, took place within a few hours. No further dilatation could be secured, although antimony and chloroform were freely given, and belladonna, in ointment and extract, applied locally.

With each contraction, the whole inferior segment of the uterus, containing the head of the child, descended forcibly upon the perineum, and seemed to threaten its integrity. The membranes had ruptured, and the strength and courage of the mother were becoming rapidly exhausted.

At this juncture, chloroform was administered to complete anesthesia, and the patient was kept nearly insensible until advice could be obtained.

At 7, A. M., April 27th, it was decided to enlarge the orifice by incisions through its border—an operation it had been my good fortune to witness, in a few analogous cases, in La Maternité Hospital of Paris. With a pair of strong scissors three incisions were made, each about one inch in depth.

The forceps were applied, and the labor speedily terminated. The child was born alive and in good condition, notwithstanding the prolonged labor and the profound anesthesia of the mother.

The convalescence of the mother was entirely favorable, and on the fourth day of the lying-in, the incised cervix began to protrude from the vulva. It remained visible about ten days, cicatrization meanwhile advancing rapidly. At the end of the month all prolapsus had disappeared, and, I may add, none has since returned, as none had been known to precede the pregnancy.

EMELINE H. CLEVELAND, M. D.  
Philadelphia, Oct. 17th, 1867.

#### Foreign Bodies in the Nasal Cavities.

EDITORS MEDICAL AND SURGICAL REPORTER:

Many substances, such as beans, peas, beads, bits of rock, wood, paper, ribbons, rags, etc., are introduced into the nostrils by children, for amusement or otherwise, and when left in are sure eventually to cause inflammation and ulceration of the nasal cavities, with more or less pain, and a fetid sanguous discharge, which is a source of great annoyance to both child and friends. If they are unsuspected, they are left in until these results are produced, when the attention of the parents or friends is attracted, and an examination is made, which is sometimes carelessly or imperfectly done; the pain and discharge being attributed to chronic inflammation or strumous diathesis, and the child left to outgrow his malady.

A short time ago I called at a house for some peaches to eat, when a strumous looking boy of eleven whispered to his mother that he would like me to examine his nose, as it hurt him unusually bad.

I learned from her, that since he was but a child, two or three years of age, there had been a constant discharge of an offensive matter from the right nostril, and that when very young he had otorrhœa, both of which had been regarded and treated as strumous by his physician. I seated the boy in the back part of a darkened room, and requested the mother to throw the reflected

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## CORRESPONDENCE.

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light from a common mirror placed under the south window into the nostril. I could now plainly see a dark object firmly impacted between the turbinate bone and nasal septum, which I removed with a small pair of forceps, causing some laceration, pain, and hemorrhage, which soon ceased of itself.

I again examined the nostril, and found a dark ulcer, corresponding in size and location to the object. The septum was so swollen and curved, as to almost occlude the other nostril.

Upon examining the body it appears to be a piece of petrified wood, of an irregular shape, half an inch long, by one-fourth in width and thickness. There are various little concretions that are very rough upon its sides, resembling limestone accretions, that have formed doubtless during its stay of eight or nine years in the nasal cavity.

In conclusion, let me remark that reflected is much better than direct light, for examining the nostril.

F. A. SIMMONS, M. D.

Rochester, Mo., Sept. 4, 1867.

## Clay as a Disinfectant.

EDITORS OF MEDICAL AND SURGICAL REPORTER:

I notice in your journal of the 14th inst., a brief article on the deodorant properties of clay, which induces me to report the following case, which came under my care while on duty at Vicksburg, Miss., in 1864.

James Kelly was admitted to general hospital March 31st, suffering from pyemia succeeding amputation of the third finger. The forearm and hand was enormously swollen, discharging from several places large quantities of fetid pus, and patient very much emaciated. Several surgeons, who visited the case, decided in favor of amputation above the elbow. I could not see how that was to save the patient's life, and concluded to give conservative surgery a fair trial. Tonics and stimulants were freely given, with good nutritious diet, and emollient poultices applied to arm and hand, but with no apparent relief. As I could not apply bandages to keep up compression, I resorted to large clay poultices as a substitute. The result was so marked that I could attribute it to but one cause, and I continued the clay, dispensing with the liq. sod. chlor. and a solution of potass. brom., which I had used as disinfectants, the fetid odor having vanished, and I had the pleasure, in two months, of seeing the patient restored to health and duty, with a hand that afterward did the government good service until the end of the war. I had often used clay as an application to abraded sur-

faces, and to boils in boyhood, but had never since used it as a remedy until all else failed in this case, when I resorted to it with such gratifying results.

C. B. MILLER, M. D.

Lawrenceburg, Ind., Sept. 23, 1867.

## Umbilical Hemorrhage.

EDITORS OF MEDICAL AND SURGICAL REPORTER:

The following remarks were suggested by a case that recently occurred in this neighborhood, of hemorrhage from the navel of an infant eight days old. The child previous to that time was to all appearance healthy, it bled for ten hours. Efforts were made by the use of astringents, but failed, and the child of course died.

Umbilical hemorrhage is liable to occur in the new-born infant from the third to the eighteenth day, and is sometimes very troublesome. A variety of methods of treatment have been recommended by various authors, as *astringents*, *compresses*, the *actual cautery*, laying open the navel and filling it with *plaster of Paris*, cutting down and tying the vessels, etc. But an efficient means of arresting the hemorrhage was first proposed and successfully practiced by the late Dr. J. M. WALLACE, of Philadelphia, by passing two needles through the navel, at right angles to each other, and applying a ligature, as in the operation for aneurism by anastomosis.

I succeeded in two instances, by an operation of a similar character but slightly different, by using two needles through the substance of the navel, but parallel to each other, introduced after the manner of Prof. SIMPSON's acupressure needles, a ligature applied around below the ends, and also crossing by figure of eight, as in the operation for hare-lip. Wm. C. Todd, M. D.

Manayunk, Phila., Oct. 1867.

## Pleuro-pneumonia in Cows Cured by Abortion.

A writer in the *Turf, Field, and Farm*, narrates the cure of several pregnant cows attacked with pleuro-pneumonia by artificial abortion. He says:

"It is not to *prevent* but to *procure* abortion that is now recommended as a curative agent, whereby one of the most fatal affections of the bovine family is at once remedied. The production of abortion as a means of cure in cows heavy with calf, is as potent for good as in the originality of its conception, for no sooner has the cow parted with her calf than the vital powers receive a stimulus and vigor equal to the effects of no other agent.

"The only instrument used, excepting the hand, is either the *caché bistouri*, (secret knife), or trocar with canula, using either of them till the *waters* flow, previously, however, dilating the *os uteri* with the fingers."

## News and Miscellany.

### Weimar Cholera Conference.

The following from a communication from Dr. ELISHA HARRIS, to the President of the New York Board of Health, has been long awaiting a place in our columns:

Having been favored with an abstract of the discussions and concluding recommendations of the Cholera Conference that recently met at the city of Weimar, and having learned from Prof. PETTENKOFER that the full stenographic report of the Conference will be published at Leipzig during the summer, I now lay before the Board of Health a synopsis of the discussions and their conclusions as given in this abstract.

You will recollect the polite invitation that was extended to New York to be represented at that important meeting. It turned out to be precisely such a Conference as the interests of public hygiene required, for the most practical and comprehensive questions were discussed by the leading sanitary scholars of Europe, nearly 60 delegates being present. The following conclusions were adopted, and I beg leave to present them here before giving the synopsis of the debates of the Conference.

#### CONCLUSIONS AND RECOMMENDATIONS.

I. The Conference expresses as its deliberate conviction that the efforts to arrest and prevent cholera by disinfectants should be continued in the most energetic manner.

II. Disinfection will be entirely successful only where excremental matters are carefully gathered and kept from being cast about; when attention is given to the cleanliness and the means of health; and when the disinfection is performed by sanitary authorities in a compulsory manner.

III. In places where the entire locality or district cannot at once be disinfected, it is advisable to disinfect throughout the places visited by the previous epidemics of cholera.

IV. The general disinfection should be performed at the proper time, that is, before the epidemic is actually prevalent in town or place. Every house or spot that becomes infected or is suspected to be so must be kept constantly under the influence of disinfection.

V. In regard to the best substances as disinfectants, though the testing of various articles is not yet completed, there have been found, to the present time, no more effectual substances than sulphate of iron (copperas) and the carbolic acid; and, as experience proves, we have no other disinfectants that can be employed with greater facility. A combination of both these disinfectants is therefore recommended.

VI. The disinfection of clothing that has become infected by cholera excrement is especially an important matter. For that purpose the Conference recommends that all such clothing be disinfected by boiling in water, or by chemical treatment in a proper solution of "zinc vitrol" (sulphate or chloride of zinc), and the Conference also recommends that special arrangements be

made by which disinfection can be employed in all places, and at any hour, among or for the poor.

VII. For the disinfection of sewers and drains, the Conference advises the trial of Mr. SAUVREN's method. [The means used by Mr. SAUVREN are not yet fully published, but they are believed to be similar to McDougall's—namely, a combination of carbolic or coal tar preparations, in a cheap form.]

VIII. If cholera infects any house or spot, it is recommended that, if practicable, the houses so situated in an infected place, or being infected, should be vacated, and their inhabitants should be removed from the infected spot.

IX. It is especially recommended that the ground-water (that is the water in the ground) about dwelling-houses, and all the grounds about habitations of every kind, should be preserved undefiled by any excremental matter of cholera; also, that all drinking water be undefiled and pure, and that where no pure water can be had that the water which must be used should be disinfected by boiling.

Such were the final conclusions of the conference in reference to the first duties of sanitary authorities, and the people of any town that is threatened by cholera. The discussions were based upon the experience and studies of the distinguished gentlemen who had thus agreed to meet and compare their views, and the results of their observations. The attendants at the conference were from various cities of Germany, Holland, Prussia, Austria, Hungary and Russia. The history of cholera outbreaks among the troops in the war last year proved marvellously interesting, and conclusive on many points. Next in order of interest and importance was the history of infection by means of water contaminated by cholera excrement. Closely allied to the latter subject was the examination of evidence concerning the discoveries that have been made in regard to the particular means by which the cholera infection is transported and propagated. Lastly and most practically useful was the examination of evidences concerning the proper and best methods of disinfection, and the relations of such means to the control and promotion of cholera epidemics. The chief medical officer to the Privy Council of Great Britain presented the history of the outbreaks of cholera in London in connection with the water of the East London Water Company, which, as Dr. RADCLIFFE has shown, was contaminated by cholera excrement. In the district where that water was used the epidemic burst forth as by explosion; while, subsequently, in other places it spread by the more usual methods and in the more usual manner. Then again, there were other instances where the epidemic spared all persons in certain asylums and hospitals who used privies that were entirely uncontaminated by cholera excrement, while the epidemic decimated the classes of inmates that used the latter. The Conference conceded that wells and reservoirs of drinking water were frequently contaminated by the cholera poison by soakage into them of the infectious element from the cholera stools; but Profs. PETTENKOFER, WANDERLICH, SIMON, and others, agreed

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that drinking water was not the most universally common means of communicating cholera to man. The influence of ground-moisture, or more precisely of the ordinary ground-water, while such water or moisture is receding by drying of the ground after a wet period, was proved by such who daily used the same well water, but who used different privies and frequented different and well separated yards, as we saw the same fact illustrated in two adjacent pavilions on Blackwell's Island last summer. The influence of different kinds of ground in receiving and propagating the epidemic virus of cholera was examined, and Dr. PFEIFFER, of Vienna, showed the curious course which the epidemic pursued in passing through the great forest country of Thuringen last year; while the delegates from Dresden and some other places showed what conditions of the earth had permitted and favored the spread of cholera on their soil, that covered certain granite rock districts. The outbreaks on Blackwell's Island and the rocky summit of Hudson City, fully bear out the conclusions of the conference on the subject of cholera epidemics on rocky surfaces, and do not disprove the agency of the surface soil in propagating the virus when planted in such places. Examining the great mass of facts presented by members of the conference in regard to influence of the ground and its retentiveness of undrained water or of being porous, and, at times saturated and again undergoing a course of drying by evaporation, the more important conclusions seem to be as follows:

1. That porous soils, and any kind of earth that retains and favors the ordinary kinds of fermenting filth, will readily retain and repropagate the virus of cholera when once the gerinal virus has been introduced or planted by persons coming from infected places. That the mere altitude of a place is not the question that determines its susceptibility to cholera; that the moisture (ground-water) and the fluctuations of that moisture of a soil by rising and receding (drying), favor the propagation of cholera; that a sewer or drain may become the chief source of infection to some places where there is no soil, or where the ground and everything except the sewers and drains have been disinfected.

2. That Prof. PETTENKOFER's use of the term ground-water should be understood, as he intended, to mean the standard of saturation by moisture in the soil, and that grounds which, upon their surface appear to be high and dry, may, nevertheless, be saturated with moisture; that is, have an excess of ground-water (or high ground-water), and that the Sanitary drainage and drying which are necessary to protect a soil against repropagating the planted virus or germs of cholera must be deep and thorough. The history and topography of the cholera fields of Halle, Berlin, Zwickeon, Thuringen, Helsingfors and St. Peterburg supplied admirable proofs of this great doctrine in sanitary drainage.

3. Good proofs were adduced that there are some kinds of soil that seem to be natural disinfectants of cholera virus, and upon which an epidemic cannot spread except in filthy houses, sewers, etc. We have not time to make the abstract of the facts that will illustrate the true theory

of this kind of exemption. We can say, however, that it is plainly important that regard should be given to the kinds of earth and materials used for filling up sunken lots, and that even the location of dwelling-places may sometimes be wisely a matter of choice as regards the nature of the soil.

The facts concerning specific disinfection to destroy both the cholera virus and all susceptibility to material for its repropagation in a house or a district were well discussed in the conference. The negative facts were specially important, for they showed that in a few places, as in the great prison at Halle, the epidemic swept forward regardless of the previous and continued disinfection of the grounds and nuisances with sulphate of iron. But in those instances it was proved that the sewers and drains were not disinfected, and that not only were the infected spots particularly exposed to and connected with such drains and sewers, but that the copperas solution had been relied upon without admixture with carbolic acid, and the powerful antiseptic agents which coal-tar contains. In Berlin there was great success in the use of permanganate of soda, with sulphuric acid added—that is, the success was achieved by the most rapid and powerful oxidization, in the same manner as we last summer disinfected the defiled clothing and bedding of the cholera sick by means of permanganate of potassa. The expensiveness of the method is the chief objection to it. Yet, for domestic and limited applications it is a perfect method for clothing and upholstery. The fact that with entire unanimity the Conference recommended that the main reliance for disinfection should be placed in the simpler and powerful agents—sulphate of iron and carbolic acid, which the Metropolitan Board unhesitatingly adopted at the beginning of the epidemic last year—will be ample warrant for our continuing to employ those cheap and effectual substances.

The vital importance of perfect sanitary care of all persons sick or infected with cholera, was illustrated in the history of the epidemic in every city. Disinfection alone, and especially the irregular and unsystematic or unenforced applications of disinfection, did not always control the prevalence of cholera; indeed, such exclusive and unmethodical sanitary work often resulted in fatal disappointments. In some cities, as in Erfurth, even the carbolic acid was so freely used in some parts of the town (in privies), that the wells in the vicinity of privies flooded with that disinfectant, yielded water that tasted strongly of it; yet parts of Erfurth were neglected, and cholera was fearfully epidemic there. But it was conceded that in cities in which there was perfect, and systematic, and well-regulated sanitary disinfection, combined with perfect care of the sick and of all suspected persons, as was the case in the city of Bristol and some other favorite cholera haunts, the epidemic was controlled, and, by like faithfulness and skill, that it could and should be generally controlled in all civilized cities.

Professor HIRSCH presented the arguments and studies that favor the discovery of the precise nature of the poison that produces cholera, and

the Conference commanded and urged on the inquiries that have already in the hands of Professors KLOB and THOME, last year, resulted in discovering a minute microscopical growth, that seems, thus far, to be exclusively produced in cholera excrements, and which obeys all the tests for the destruction as well as the propagation of the cholera. The spores of that little growth multiply with marvellous rapidity, and they are not destroyed by ordinary doses of chlorine or chloride of lime, but are killed by sulphate of iron and carbolic acid.

The Conference recommend that scientific naturalists, like the men who are now at work on these questions, should continue their researches. It was also recommended that observers of cholera should carefully study the conditions under which the epidemic is transported from place to place, and also study the relations of ground, moisture (ground-water), and other local conditions that determine the boundaries of epidemic fields.

It will be observed by these notes, of a discussion that appears to have been conducted with the single object to find out what is known, that there was a clear knowledge of the practical wants of sanitary officers and governments. The nine propositions which the members of conference have submitted as their unanimous conclusions and recommendations, I have placed at the beginning of this abstract, as being precisely the kind of information which a Board of Health most wishes to receive, and upon which it can base judicious practices. Fortunately for the good name of your Board as for the safety of the city last year, our practice was, from the first, based upon these doctrines, and the great minds that led in the Weimar Conference were the men that had most aided us in former years to deal with epidemic and infectious diseases. I am happy to learn that the Leipzig report is to be fully illustrated by maps and charts to show precisely what course cholera has pursued in European cities. We may hope to receive copies next month. I regret that the abstract forwarded by Professor PETTENKOFER cannot be entirely translated and placed in your hands to-day. These pages contain the gist of the whole, but the debates touched upon a great many other points. We are a little surprised that some conclusion and recommendation on quarantine was not reached. But, since the fact has been demonstrated that persons who travel away from an infected district may themselves, while yet journeying and not sick, spread cholera, by means of excremental evacuations, it is not surprising that little reliance should be placed upon quarantine regulations as a means of preventing cholera from spreading in Europe.

#### Literary Habits of Dr. John W. Draper.

Mr. PARTON in an article on the International Copyright Law, in the last number of the *Atlantic Monthly*, speak as follows of the literary habits of Dr. DRAPER:

Up at six. Breakfast at seven. An hour's ride to the city. Busy at the New York University from nine to one. Home in cars to dinner

at three. At four P. M. begins his day's literary work, and keeps steadily on till eleven. Then bed. Not one man in many millions could endure such a life, and no man, perhaps, ought to endure it. Dr. DRAPER happens to possess a most sound and easy-working constitution of body and mind, and he has acquired a knowledge of the laws which relate to its well-being. But even in his case, it is questionable whether it is well, or even right, to devote so large a part of his existence to labor. It is probable, too, that an International Copyright would, ere this, have released him from the necessity of it, or the temptation to it."

#### The American Agriculturist.

We have received the *American Agriculturist* for October. We wish that all our friends could see this paper. We know of no way in which so large an amount of truly valuable, interesting, and instructive reading matter could be given to a family at so small a price as the subscription to the *Agriculturist*. Each number contains 30 to 40 large quarto pages, and 30 to 50 fine engravings, many of them very costly and beautiful. Here, in this October number, we find, in addition to the great amount of valuable information, hints, suggestions, etc., more than 30 engravings, several of which are among the most expensive ever found in an illustrated Journal. This number is of itself really worth a year's subscription. The cost of the *American Agriculturist* is only \$1.50 for a year, in advance, or four copies for \$5.

The *Agriculturist* deserves the special support of physicians, from its uncompromising opposition to and exposure of humbuggery and quackery of all sorts.

The publishers offer that valuable journal *free* for the remaining two months of this year to all new subscribers for 1868, (Vol. 27,) who send in their subscription *during this month of October*. We advise all our readers to secure it on these terms. It will be sure to benefit all fathers and mothers, and interest and instruct the children. Subscriptions should be sent to the publishers, ORANGE JUDD & CO., 245 Broadway, New York city.

#### Prevention of Sickness from Chloroform.

A writer in the *British Medical Journal*, says:

"Vomiting is so frequent and so troublesome a concomitant of the administration of chloroform both during and after the inhalation of the anæsthetic, that I am pleased to lay before you readers the general result of a very simple, and as I believe, a very effective mode of prevention. I have already, in some eighteen or twenty eye-operations, adopted the plan of giving the patient a drink of a few drops of chloroform in water before commencing the inhalation, and so far the result has been most satisfactory; not more than one, or at most two, cases of slight nausea having occurred where the chloroform drink ha-

been previously administered. The remedy has, of course, to be more extensively tested before it can be relied upon; but I should be glad if some of your correspondents would record the result of their experience in its use."

#### A Hint for Campaigners.

A Parisian physician, Dr. PHÆBUS, has been studying afresh the causes of sore feet on the march, and the best means of preventing them. In addition to advice as to the shape of the boots, which is well understood in this country, although badly carried out, he recommends the repeated employment, during the march, of cold ablutions of the feet. The men should be allowed to stop, when they pass running or stagnant water, long enough to take off their boots and to put their feet in the water for a minute or a minute and a half. In inhabited places, vessels of water may be procured for this purpose, and the feet kept in till the sensation of heat or burning has disappeared. The experience of civil pedestrians (we may add our own) is conclusive of the utility of this precaution in avoiding soreness of the feet in forced marches. If any blister form, a thread of wool or cotton should be passed through it, and loosely tied. Thus the fluid escapes, but the epidermis is preserved—a precaution by which severe subsequent pain is avoided. Excoriations are best treated by a soft oxide of zinc ointment (made with benzoated lard and a little glycerine). The soldiers' shoes should be soft and supple, although sufficiently thick. A dozen or two small nails in the sole, where it wears most, suffice to preserve it. The leather may be softened by rubbing a mixture of linseed-oil and oxide of lead or of lard. Stockings should always be worn. In their absence, a piece of thickest linen rag may be used to deaden the pressure of the boot where it is most felt. When once the feet have become sore, walking bare-footed, is often, according to M. PHÆBUS, the best of remedies, till the excoriations have healed.

#### Results of War.

The *British Medival Journal* remarks, that in the course of the international conferences which have just terminated at Paris, relative to certain proposed modifications of the treaty of Geneva of 1864, for ameliorating the condition of the sick and wounded in time of war, a letter was read by the delegate from the Austrian Ministry of War, which contained the following statement. At the date of the letter, August 14th, 1867, there remained 84 Austrian officers, 12,277 soldiers, who were engaged in the war of 1866, of whose fate nothing whatever was known. They simply appear in the official documents of the army as "*disparus*." For a long time the families and relatives of this large number of men were kept in anxious uncertainty as to whether they were prisoners of war in Prussia, wounded and in Prussian hospitals, or had been killed on the field of battle. They only know now that they are dead, because they have never been able to obtain any tidings of them. Many of them may have been drowned; but the probability is, that the greater number were shot and buried

without any record being made of their regiments or names. The object of the letter from the Austrian Minister of War was to bring before the Conferences the subject; to consider if some international plan might not be adopted for identifying all soldiers dying in time of war, and ensuring that in no case should any officer or soldier be buried without note being duly taken of his name, so that it might afterwards be communicated to the proper authorities of the country to which he belonged. It did not appear whether the "84 officers" mentioned by the Austrian Minister of War, included "non-commissioned officers," or referred only to commissioned officers. Under any circumstances, what an incalculable amount of misery is indicated by the figures and facts above named!

#### Tetanus Nascentium.

The following treatment of Tetanus Nascentium is given by Dr. Gross of Pa., in *Tilden's Jour. of Mat. Med.*

When the umbilicus is highly inflamed and suppurating, I would apply the lotion of zinc, or a lotion of permang. of pottassa, 1 to 2 grs. to the 1 $\frac{1}{2}$  of water, and follow that by a poultice of hypericum leaves, to subdue irritation and inflammation of the cord, and give lobelia and ipecac to produce copious emesis and relax the system; the lobelia has a peculiar controlling influence over all such morbid conditions of the cerebro-spinal nerves. After the action of the emetic I would give gelseinum in doses sufficient to impress the cerebro-spinal centres. I generally use the tincture, and give from 3 to 6 gts. every hour until its effects are manifest upon the muscles of the eyelids, and a few drops of hyoscyamus and cannabis indica may be added to each dose, say 2 gts. of each. The gelseinum is the remedy in "*omne genus*"; it is particularly adapted to the disease; it controls the inflammation and the morbid excitement of the cerebro-spinal centres. The bowels may be moved by small dose of leptandrin and podophyllin, say one quarter grain of podophyllin, and three-quarter grains of leptandrin.

[It seems to us that a quarter of a grain of podophyllin is an immense dose for an infant a few days old.—EDS. REPORTER.)

#### Blood-Corpuscles.

The *London Review* says: "A paper having appeared in the last number of the *Microscopical Journal* which to a certain extent evidenced an exception to Professor GULLIVER's views on the subject of blood-corpuscles, the Professor has written an article, which will appear in the forthcoming number (November) of the *Journal of Anatomy*. Having been favored with a copy of the paper, we can state that the author has brought forward ample evidence to prove the correctness of his opinions. There can, we think, be little doubt that his classification of animals, based on the form and structure of the blood-globules, still holds true. Professor GULLIVER divides all vertebrate animals into two great groups—first, those whose blood-corpus-

